No.	92-158
File	

ealth under Authority IIC 31-7-9 APPLICATION FOR	FINDIANA No. 92-150 MARRIAGE LICENSE File 3/22/9/ Date of Application
C 31-7-9-1. Furnishing false information upon applying for license. A person who knowingly furnishes false information to a clerk of the ircuit court when the person applies for a marriage license under IC 11-7-3 commits a Class D felony.	Female Applicant 50 > No 2 Yes If No, Medical Examination or Report Dated Name of Physician
MALE APPLICANT	FEMALE APPLICANT
ame First Middle Clast	Name First Middle Last CNA
ate of Birth Month Day 3 year 10	Date of Birth Month Day 2 Year 9 1 2 Place of Birth (State or foreign county)
4 (100) (100)	r lace of birth (state of foreign country)

Name First All Middle Mast	Name First Middle Last Last					
Date of Birth Month Day 3 Year 10	Date of Birth Month 5 Day 12 Year 9 2 2 1					
Place of Birth (State or foreign country)	Place of Birth (State or foreign country)					
Residence Address Street of A.F. City County State	Residence Address Street or R.R. City County State Survey Survey					
Previous Marital Status: Never Married D OR No. of Previous Marriages	Previous Marital Status: Never Married OR No. of Previous Marriages					
Last Marriage Ended By: Death □ Divorce □ Annulment □ Date	Last Marriage Ended By: Death □ Divorce □ Annulment □ Date					
Date of birth verified by: Birth Certificate Other (Specify) Suffections	Date of birth verified by: Birth Certificate Other (Specify) Description:					
1. Are you now or have you ever been adjudged to be of unsound mind? No U Yes I If answer is "yes," has the adjudication been removed?	1. Are you now or have you ever been adjudged to be of unsound mind? No Yes If answer is "yes," has the adjudication been removed? No Yes					
2. Are you related to the female applicant closer than second cousin? No W Yes	2. Are you related to the male applicant closer than second cousin? No 🖰 Yes 🗆					
3. Are you now under the influence of an alcoholic beverage?	3. Are you now under the influence of an alcoholic beverage? No 🗹 Yes 🗆					
4. Are you now under the influence of a narcotic drug? No ☑ Yes □ 5. List the full names of any dependent children.	4. Are you now under the influence of a narcotic drug? 5. List the full names of any dependent children. 1. Yes 1.					
8. (a) Full name of applicant's father (If adopted, list Adoptive Parents Only) Residence of father (if deceased, so state) (b) Full maiden name of applicant's mother (If adopted, list Adoptive Parents Only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country) Birthplace of mother (State or foreign country)	(a) Full name of applicant's father (If adopted, list Adoptive Parents Only) Residence of father (if deceased, so state) Birthplace of father (State or foreign country) (b) Full maiden name of applicant's mother (If adopted, list Adoptive Parents Only) Residence of mother (if deceased, so state) Birthplace of mother (State or foreign country)					
ACKNOWLEDGMENT	ACKNOWLEDGMENT					
I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant Date Date	I acknowledge that I have received information regarding dangerous communicable diseases that are sexually transmitted, and a list of the test sites for the virus that causes AIDS (acquired immune deficiency syndrome). Signature of Applicant 104 207 207 Date 3-22-9/					
The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.	The above applicant has objected to verifying by oath or affirmation or signature to the above acknowledgment because of religious beliefs.					
Clerk of Court Date	Clerk of Court Date					
State of Indiana Loud) ss: I swear/affirm that the information given in this application is true and correct. Signed Memory Support Supp	State of Indiana () ss: I swear/affirm that the information given in this application is true and correct. Signed					
Tity Kammon Clerk of the FLOYD Circuit Court	Subscribed and sworn to before me this day of the 19 7					
CONSENT OF PARENTS, PARENT, OR GUARDIAN	CONSENT OF PARENTS, PARENT, OR GUARDIAN					
We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,	We, the parents of this applicant, hereby give consent for this marriage. If only one parent signs,					

state facts which make the consent of the other parent unnecessary State of Indiana State of Indiana County of _ County of _ Father _ __ ID# _____ Mother __ Subscribed and sworn to before me this _____ day of __ Subscribed and sworn to before me this _____ day of ______ 19____ _ Clerk

COMPLETE IF MARRIAGE LICENSE ISSUED BY ORDER OF COURT. A marriage license having been refused to the above named parties, the Court, by written order issued___

and filed in_ authorizes and directs the issuance of a marriage license to the above named parties.

RETURN OF MARRIAGE LICENSE AND MARRIAGE CERTIFICATE

I certify that there was filed in my office a marriage license issued by the Clerk of the Circuit Court of ______ FLOYD _____ County, Indiana,

dated 3/25/91	, authorizin	ig the marriage of ${ t M}$	ARK A. KEMP		andJ(DY GOODMAN	
I further certify that the following i	narriage ce						
I FREIDIA RODEWIG		(name), certify	that on 3/30/9	11	(date), at	t <u>NEW ALBANY</u>	ir
FLOYD Count	v. Indiana.	MARK A. KEMP	of _FL	LOYD	Coul	nty, <u>INDIANA</u>	
(state), and JOY GOODMAN	of _	FLOYD	County, _	INDIANA		(state) were marrie	ed by me as
authorized under a marriage lice.	nse that wa	as issued by the Cl	erk of the Circuit	Court of	FLOYD	County, In	idiana, dated

PASTOR FREDIA RODEWIG , (official designation) Signed by:

AFML A/PD 1 R/10/89

4/1/91 Filed and recorded in accordance with the laws of the State of Indiana on __

BETTY J. HAMMOND Signed ____ FLOYD _____Circuit Court

(date).